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March 7, 1990

TO: Interested Parties

FROM: Linda A. Hall, Asst. Project Director
State Medicaid Information Center

RE: MEDICAID ELIGIBILITY: SELECTED PROGRAM CHARACTERISTICS

We are pleased to provide you with this complementary copy of Medicaid Eligibility: Selected Program Characteristics, September 1989, on states' Medicaid eligibility standards, including their selection of optional eligibility categories, as of end of the federal fiscal year. The report is based on results of a recent state survey and in addition to providing state specific eligibility criteria, includes a narrative which provides an introduction to Medicaid eligibility, describes recent trends in this area, and highlights some of the survey findings.

This report was developed under the National Governors' Association's contract with the Health Care Financing Administration's Intergovernmental Affairs Office to operate the State Medicaid Information Center. We hope that the information in this report will be useful to you.

If you have questions or comments on report, please do not hesitate to call me at (202) 624-7729.

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MEDICAID ELIGIBILITY:
SELECTED PROGRAM CHARACTERISTICS
September, 1989

Medicaid eligibility is acknowledged to be the most intricate piece of a very complex program. Designed in 1965 as a medical program for persons on existing welfare programs, the Medicaid program originally served only those eligible for Aid to Families with Dependent Children (AFDC) or for the programs now encompassed by the Supplemental Security Income (SSI) program.

However, since that time there have been numerous revisions and additions to the original list of mandated and optional eligibility categories. Some changes added large numbers of Medicaid eligibles, while others developed to protect selected groups of individuals added few new recipients. Over the years the revisions have resulted in overlapping categories rendering several unnecessary and others impossible to distinguish.

The myriad categories present program management challenges to Medicaid directors in terms of training eligibility workers, accounting for the various categories of individuals, and program budgeting. For local eligibility workers, there is the difficult task of learning all the different "boxes" into which an individual might fit and then the challenge of determining how the boxes relate to the real live applicant sitting at your desk. A person placed in the wrong box, especially a person allowed Medicaid access in error, can result in penalties imposed by the federal government against the state. Eligibility errors can result in substantial financial penalties.

This narrative and attached tables provide information on state coverage of major eligibility options as of September 30, 1989, the end of the federal fiscal year. Following a brief discussion on recent changes in Medicaid eligibility concepts, there is a description of state eligibility criteria. In that description, the myriad separate categories are combined into four general ways of achieving Medicaid access. Each of the four are discussed with special attention paid to state response to recent federal legislative changes. Finally, there is a comparison of eligibility across the four major categories. While the attempt is to create an overview of Medicaid eligibility across states, it must be remembered that the attached only addresses major issues and eligibility categories. A comprehensive analysis would require detailed examination of all eligibility categories and requirements.

RECENT DIRECTIONS IN MEDICAID ELIGIBILITY

Most revisions to Medicaid eligibility were actually changes to eligibility for the welfare programs, until the Omnibus Budget Reconciliation Act of 1986 (OBRA 86) added new categories of poverty-related rather than welfare-related persons. While the OBRA 86 provisions broadened eligibility options for needy persons through the addition of new categories and the severing of traditional links between Medicaid eligibility and the financial requirements of income assistance programs, they also further complicated Medicaid eligibility.

Prior to OBRA 86 individuals became Medicaid eligible because they met the characteristics, income thresholds and resource standards of the AFDC program or the SSI program, or because they met the AFDC or SSI characteristics and had sufficient medical bills to reduce their countable income to Medicaid Medically Needy income thresholds.

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OBRA 86 established new Medicaid eligibility options. The new categories include poor pregnant women and children, and aged and disabled, who do not meet AFDC or SSI income standards, but do meet a state-selected percentage of the federal poverty guidelines. The new coverage groups represent a first severing of the link between AFDC and Medicaid eligibility for poor pregnant women and children as well as a severing of the link between SSI and Medicaid eligibility for the elderly.

Since OBRA 86, there have been several expansions to the poor pregnant women and children groups and an expansion for the poor elderly. OBRA 87 allowed states to increase income standards for pregnant women and infants up to 185 percent of poverty. It also permitted broader coverage of children under poverty. The Medicare Catastrophic Coverage Act of 1988 (MCCA 88) mandated that all states phase-in coverage of pregnant women and infants up to 100 percent of poverty. It also required state Medicaid programs to pay Medicare cost-sharing amounts for poor Medicare beneficiaries. OBRA '89 added additional coverages effective in 1990. Most importantly, as of April 1990, states must cover pregnant women and children up to age 6 in families with incomes up to 133 percent of poverty.

MAJOR ELIGIBILITY CATEGORIES

The numerous eligibility categories can be grouped into four routes to Medicaid eligibility: AFDC; SSI; Medically Needy; and Poverty-related Pregnant Women and Children, and Aged/Disabled. AFDC is generally the route to Medicaid for families with children where one parent is absent from the home. SSI is the route for aged, blind, and disabled meeting that program's requirements. Medically Needy individuals are those who have income in excess of AFDC or SSI income thresholds, but have sufficient medical bills that reduce their countable income to Medically Needy income thresholds. The process of counting medical bills against income is known as "spenddown." Poverty-related Pregnant Women and Children are those who have income exceeding the AFDC income standard up to a state-selected percentage of poverty. Similarly, the Aged/Disabled may have income in excess of SSI standards up to the state-selected poverty figure.

However, within these categories there are many permutations of the general program rules. For example, while Medicaid is required to cover AFDC recipients, there are AFDC "type" or "AFDC-related" individuals who must also be covered, including: families losing AFDC because of employment, families losing AFDC because earned income disregard provisions do not apply, families losing AFDC because of child support, and persons whose AFDC cash payment would be less than $10.

At the same time that there are different family types within one category, a particular type of individual may qualify through more than one eligibility route. For example, a poor pregnant woman may qualify as AFDC-related, Medically Needy, or through the Poverty-related Pregnant Women category. To qualify as AFDC-related, the woman must be single and meet AFDC income and resource standards. If she is married and has income above the AFDC standard, but below the state-selected percentage of poverty, she may qualify under the Poverty-related Pregnant Women category. In most states, under this option, her resources are not considered. If she has income and resources exceeding the standards in either of these programs, but can spenddown to the state's Medically Needy income level, she can qualify through the Medically Needy program. Because Medically Needy income standards are considerably lower than the poverty-related standards, she spends down to a significantly lower percentage of poverty to qualify for Medicaid.

AFDC-Related Groups

Nearly three-quarters of all recipients access Medicaid because of their AFDC-related status. States must provide Medicaid to all persons receiving AFDC. Generally, AFDC payments are made to families with children where one parent is absent from the home.

States establish income and resource standards for their AFDC programs. As part of the income standard, states establish a monthly "need standard," representing the state's determination of the minimum amount of money a family of a given size needs to subsist, and a monthly "payment standard," the actual maximum payment a state makes to an eligible family. States use these standards differently to calculate payments and depending upon the method used either the need or payment standard may drive program eligibility. (For further explanation of calculation methods refer to "Medicaid Eligibility: Summary Status of Selected Program Characteristics," Catalogue of State Medicaid Program Characteristics, 1989.)

Table 1 lists each state's **AFDC Need Standard and Maximum Payment.** Using these standards along with the information on which standard drives eligibility determinations in each state, it is possible to determine that for a family of three, which is the average AFDC family size, the income threshold across states averages $412/month. This amount represents 49.7 percent of the 1989 federal poverty level standard for that family. For an AFDC family of two, the income threshold averages $335/month (50 percent of poverty). Twenty-one states have income standards that are above 50 percent of poverty.

States have the option of covering two-parent families who meet AFDC income and resource standards when the principal breadwinner is unemployed. Thirty-four states extend Medicaid coverage to such **AFDC-unemployed parent (AFDC-UP)** families (Table 2). Beginning October 1, 1990, this optional group becomes mandatory because of a Medicaid provision in the Family Support Act of 1988.

Another AFDC-related optional group is **"Ribicoff Children."** These are children who meet AFDC income and resource requirements, but not the characteristics of a "dependent" child. States may cover all such children up to a specified age limit including those from intact two-parent families. Alternatively, a state may cover selected categories of Ribicoff children. Major categories of these children include those whose adoptions were partially or fully subsidized through public funds, children in foster homes or private institutions, children in intermediate care facilities, those in intermediate care facilities for the mentally retarded, and children in inpatient psychiatric facilities. In addition, states may define other reasonable categories of such children (Table 3).

To cover children in foster homes or private institutions, states must have assumed partial or full financial responsibility for the children. If states cover such publicly supported children, they may choose to cover children placed in foster homes or private institutions when placed by private non-profit agencies. Coverage of children in institutions is contingent upon that institutional coverage being a part of the state plan. Three states do not cover psychiatric facilities and, therefore, do not cover this category of Ribicoff children.

All states cover some Ribicoff children. Thirty states cover all such AFDC-related children, including those in intact families, up to age 18. Of these states, twenty cover these children up to age 21. Six of the nine states covering all children up to

age 18 cover selected categories of them up to age 21. The remaining states cover some categories, often using different age limits for the various categories. Six of these states have developed additional reasonable classifications of Ribicoff children.

In addition to optional coverage of Ribicoff children. It is important to note that all states are required to cover some "Ribicoff-type" children. The Deficit Reduction Act of 1984 (DEFRA) mandated a phase-in of all children who meet AFDC financial requirements and were born after September 30, 1983, regardless of family structure. The DEFRA requirement only applied to such **qualified children** up to age 5. Subsequent amendments have been made to that provision so that currently states are required to cover all children up to age 7 who meet AFDC income and resource requirements. As of September 30, 1989, the oldest children in this AFDC-related group were age 6. States may cover additional children in this age bracket through the poverty-related coverages.

Other optional AFDC-related individuals include those eligible for, but not receiving AFDC payments (28 states) and those who would be eligible for Medicaid if not in a Medicaid institution or intermediate care facility because of lower income standards used to determine eligibility in these institutions (29 states). Another category is of families who would be eligible if their child care costs were paid from their earnings, rather than by a state agency (12 states)(Table 4).

Supplemental Security Income-Related Groups

Aged, blind, and disabled persons often access Medicaid by meeting the characteristics, income thresholds, and resource standards of the SSI program. The non-financial requirements include that the individual be age 65 or over, blind, or have a permanent disability preventing that person from engaging in substantial gainful activity. For children, qualifying disabilities are those that would qualify an adult for SSI payments.

Unlike the AFDC program, federal statute dictates a uniform SSI program income or payment standard. In 1989, the standard was $368/month for an individual and $553/month for a couple. The statute set resource standard was $2,000 for an individual and $3,000 for couples.

The payment standard plus any state supplement payments (SSPs) made to an SSI recipient constitutes the eligibility threshold for an SSI recipient. Most states make such optional SSPs to some categories of **SSI elderly and disabled individuals** in selected assisted living arrangements. The amount of these payments generally relates to the level of assistance provided in the living arrangement. The most typical SSP category that applies equally across states is the SSP for individuals and couples living independently in the community. About half of the states make this category of SSP payment (Table 6).

All states cover some SSI individuals. Thirty-eight provide Medicaid to all SSI recipients. Thirteen states, commonly referred to as "209(b)" states, cover only SSI individuals who meet their generally more restrictive criteria. The "209(b)" states use disability definitions, income disregards, or resource standards which vary from those used by the SSI program (The term "209(b)" refers to the section of the enabling legislation authorizing this latitude.) States using more restrictive financial standards must allow higher income individuals to spenddown to those standards even if the state does not have a Medically Needy program. The standards used by these 13 states are listed on Table 7. There were 14 such states, but Utah indicates that it has elected to cover all SSI eligibles.

In twenty-seven states, **institutionalized individuals** may qualify for Medicaid based upon a higher income standard than that used for AFDC or SSI individuals. States are allowed to use an income standard that is as much as 300 percent of the SSI uniform payment, which in 1989 meant states could use an income threshold up to $1104. The resource standard for this group is the same as for non-institutionalized SSI persons.

If a state uses a higher income threshold for this group, the same standard may be used for home- and community-based services (HCBS) waiver recipients and must be used for optional disabled children who are served in the home in lieu of institutionalization.

Ten states do not use an income threshold for institutional individuals, instead treating them as Medically Needy and allowing them to spenddown to Medically Needy Income Levels (MNIL). All states use either Medically Needy programs or higher income standards to qualify persons in institutions with income and/or resources in excess of SSI standards.

Another SSI-related group is disabled children under age 18 who require an institutional level of care, but can be cared for cost-effectively at home. Coverage for this group, authorized by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), has been adopted by eighteen states (Table 9). All of these states and most other states operate HCBS waivers which include such children, thus using a service option to extend eligibility for disabled children (For further information, see Medicaid Home Care Options for Disabled Children, NGA 1990).

Similar to the disabled children option is the option for **ventilator-dependent individuals** authorized by OBRA 87 which has been adopted by six states (Table 9). However, as they do for disabled children, many states use HCBS waivers to provide cost-effective home care to these individuals who would otherwise require institutionalization.

Other eligibility expansions authorized in MCCA 88, which are significant for disabled and institutionalized individuals include those related to "spousal impoverishment." These provisions, which were effective September 30, 1989, protect a portion of the couple's income and resources for the community spouse.

Under the provisions, the community spouse's income is protected up to at least 122 percent of the 1989 poverty level for a family of two ($815/month). In terms of resources, community spouses retain their home, as well as a **community spouse resource allowance** (CSRA). The allowance may vary from $12,000 up to $60,000 depending on the couple's resources and the state-selected CSRA minimum. States must allow community spouses to keep the greater of $12,000 and one-half of the couple's joint assets up to $60,000. However, states may choose to raise the $12,000 minimum as high as $60,000, which allows the community spouse to retain all resources up to $60,000. Sixteen states have chosen $60,000 as the minimum allowance (Table 9).

Medically Needy Individuals

Medically needy persons are those whose income and/or resources exceed the AFDC or SSI standards, but meet the higher income and resource standards of a state's Medically Needy program, or have sufficient medical expenses to reduce their countable income to Medically Needy Income Levels. The process of subtracting medical expenses from income is referred to as "spenddown."

Medically Needy programs must cover pregnant women and children under age 18. In addition, categories of individuals selected for the Medically Needy program must already be covered in the state's Medicaid program.

Thirty-six states have Medically Needy programs. Of these, thirty cover all the classifications shown on Table 11. Six cover selected categories. Twenty-five states with Medically Needy programs cover qualifying **children up to age 21;** eleven states cover children up to age 18 or 19. Moreover, nearly all the states cover **caretaker relatives, aged, blind, and disabled.**

States specify income standards for each group within their Medically Needy program. Standards must be based on family size and be uniform for all individuals within the group. Several states have varying rates for geographic regions within the state or for seasons of the year. The income standards may not exceed 133 1/3 percent of the state's AFDC payment for the same size family. The Medically Needy Income Levels for a family of two across all states averages $435/month which represents 65 percent of poverty (Table 12).

Poverty-Related Pregnant Women, Children, and Aged/Disabled

Poverty-Related Pregnant Women and Infants

The optional coverage of **Poverty-related Pregnant Women and Infants** was established in OBRA 86 and expanded upon in OBRA 87 and MCCA 88. As of July 1989, states were required to cover pregnant women and their infants in families with incomes up to 75 percent of poverty ($629/month for a family of three). Forty-six states exceeded the mandate and extended eligibility to pregnant women and infants up to as much as 185 percent of poverty ($1,551/month for a family of three)(Table 5). On average, states cover this group up to 126 percent of poverty ($1,056/month for a family of three). A family of two at 126 percent of poverty translates to $848/month.

Also for this group, states can simplify eligibility by waiving resource standards (assets tests) (42 states) or by adopting continuous eligibility (41 states). Twenty-three states have established presumptive eligibility for this group. Thus, the majority of states have increased eligibility thresholds and streamlined applications in order to improve Medicaid access for pregnant women. (For additional information, see "Medicaid Eligibility: Summary Status of Selected Program Characteristics," Catalogue of State Medicaid Program Characteristics, 1989 and Reaching Women Who Need Prenatal Care: Strategies for Improving State Perinatal Programs, 1988.)

Poverty-Related Children

Increased options for **Poverty-related Children** were also authorized in OBRA 86 and OBRA 87. The options in these statutes allow states to phase-in children up to age 8, born after September 30, 1983, and in families with incomes above AFDC and up to the poverty level. Thirty-seven states extend eligibility to such children, using either the original OBRA 86 phase-in and cover children in the 2-4 age range or on the accelerated OBRA 87 plan and cover children in the 5-6 age bracket. As of September 30, 1989, age 6 was the upper limit for poor children covered through these options. Table 5 shows coverage of these children as implemented in September 1989, although some states have already selected higher age groups and will "age-in" these children as they grow older.

Aged/Disabled and Qualified Medicare Beneficiaries

OBRA 86 allowed states to extend Medicaid coverage to the **Poverty-related Aged and Disabled** with incomes up to 100 percent of poverty and resources at the SSI level or the state's Medically Needy Income Level. OBRA 86 also required states selecting this option to simultaneously adopt the Poverty-related Pregnant Women and Infants option. Six states have selected the Aged/Disabled option, four of them adopted it in 1989.

Additional assistance is available for poverty-related aged and disabled as a result of MCCA 88 provisions on Medicare cost-sharing for certain poor Medicare persons whether or not they are Medicaid eligible. Prior to MCCA 88, Medicaid programs could choose to pay Medicare cost-sharing expenses for Medicaid recipients who were also Medicare eligible. All states covered some cost-sharing expenses for at least some dually eligible recipients. The new provisions require states to cover Medicare premiums, deductibles, and coinsurance cost-sharing amounts for all **qualified Medicare beneficiaries (QMBs)** whether or not they are Medicaid eligible.

Beginning in January 1989, states were required to pay Medicare cost-sharing payments for Medicare beneficiaries who are Medicare Part A eligible persons with incomes up to 85 percent of poverty and resources up to two times the SSI program resource standard. Thus, in 1989, an elderly individual could qualify for this cost-sharing coverage if he or she had income up to $424/month and resources up to $4,000.

On January 1, 1990, states are required to cover QMBs up to 90 percent of poverty. The resource limit remains the same. The mandated phase-in continues until QMBs are covered up to 100 percent of poverty in January 1992. A more gradual phase-in was granted to states that as of January 1987 used more restrictive income standards for persons over age 65 than those used by the SSI program. Four states are following the 5-year phase-in plan and will reach 100 percent of poverty by January 1993.

While QMB coverage was mandated at 85 percent of poverty, states were allowed to select a higher percentage, up to 100 percent. Twelve states opted for immediate implementation of the 100 percent standard (Table 9).

Five of the six states having selected the Poverty-related Aged and Disabled option have matched the percentage of poverty for this optional group to the percentage used for QMBs, thus somewhat simplifying eligibility and coverage issues relating to the aged and disabled.

SUMMARY

The monthly eligibility threshold, the maximum amount of income or protected income, for each major group is presented in Table 13. The thresholds are then expressed as a percentage of the 1989 federal poverty level. The attempt is to provide some comparison across eligibility categories, by comparing eligibility thresholds for each group. For this comparison, a family size of two was chosen because a pregnant woman is always counted as two persons and a family size of two can be assessed for the other programs.

The Medicaid eligibility route with the lowest average eligibility threshold is AFDC at $335/month or 50 percent of poverty. The elderly, who are primarily in the SSI and QMB programs, fare better because these programs cover individuals up to about 91 percent of poverty. The highest threshold is for Poverty-related Pregnant Women and Infants who, on average, are covered up to 126 percent of poverty ($848/month).

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While this table provides some interesting comparisons among groups, the percentage for each group is only calculated against the federal poverty which is a national standard. Further study of these thresholds might be enhanced by comparing each state's eligibility thresholds with data specific to the state. For example, state average per capita income or the income distribution data for each state would be useful. Such comparisons might develop a better picture of how each Medicaid program serves its low-income people.

What is clear from this comparison is that the different routes to Medicaid offer access at varying levels of generosity. These variations reflect policymakers' concerns over the years as to each group's need for Medicaid coverage in order to access adequate health care. As adjustments were made to facilitate access for selected groups, Medicaid eligibility has become more complex, as has Medicaid agencies' task of administering the Medicaid program.

For further information or clarification of material presented in this narrative or the attached tables, please contact Linda A. Hall (202) 624-7729.

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National Governors' Association

TABLE 1

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
MONTHLY NEED AND PAYMENT AMOUNTS - SEPTEMBER 1989

	FAMILY OF ONE		FAMILY OF TWO		FAMILY OF THREE		FAMILY OF FOUR	
	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT
Alabama	$390	$59	$479	$88	$571	$118	$670	$147
Alaska	453	453	719	719	809	809	899	899
Arizona	367	173	494	233	621	293	748	353
Arkansas	280	81	560	162	705	204	850	247
California	341	341	560	560	694	694	824	824
Colorado	253	214	331	280	421	356	510	432
Connecticut	340	340	452	452	555	555	652	652
Delaware	184	184	247	247	333	333	402	402
DC	450	248	560	309	712	393	870	480
Florida	498	163	668	220	838	287	1008	338
Georgia	229	151	347	229	414	273	488	322
Hawaii	572	357	768	480	964	602	1160	725
Idaho	365	208	446	254	554	315	627	357
Illinois	427	198	539	250	740	342	835	386
Indiana	155	139	255	229	320	288	385	346
Iowa	213	176	421	347	497	410	578	476
Kansas	243	243	330	330	410	410	480	480
Kentucky	394	162	460	196	526	228	592	285
Louisiana	245	72	472	138	658	190	809	234
Maine	299	207	470	326	632	438	794	551
Maryland	243	175	428	309	548	396	660	477
Massachusetts	392	392	486	486	579	579	668	668
Michigan	348	291	466	388	575	479	702	585
Minnesota	250	250	437	437	532	532	621	621
Mississippi	218	60	293	96	368	120	443	144
Missouri	145	134	250	232	312	289	365	338
Montana	256	212	346	286	434	359	523	433
Nebraska	222	222	293	293	364	364	435	435
Nevada	350	210	450	270	550	330	650	390
New Hampshire	380	380	442	442	506	506	563	563
New Jersey	162	162	322	322	424	424	488	488
New Mexico	156	156	210	210	264	264	317	317
New York	334	334	439	439	539	539	639	639
North Carolina	354	177	462	231	532	266	582	291
North Dakota	209	209	313	313	386	386	472	472
Ohio	440	191	606	263	739	321	914	397
Oklahoma	291	201	364	252	471	325	583	403
Oregon	289	289	369	369	432	432	526	526
Pennsylvania	298	195	461	315	587	402	724	490
Rhode Island	321	321	440	440	543	543	620	620
South Carolina	249	123	335	165	419	206	504	248
South Dakota	265	265	333	333	377	377	421	421
Tennessee	198	94	297	141	387	184	472	224
Texas	235	75	493	158	574	184	691	221
Utah	299	224	414	310	516	387	603	452
Vermont	670	448	817	547	973	651	1090	730
Virginia	174	157	257	231	322	291	386	347
Washington	579	314	733	397	907	492	1068	578
West Virginia	289	145	401	201	497	249	623	312
Wisconsin	311	248	550	440	647	517	772	617
Wyoming	195	195	320	320	360	360	390	390

SEE NOTES ON NEXT PAGE

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 1

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
MONTHLY NEED AND PAYMENT AMOUNTS - SEPTEMBER 1989

NOTES:

In a number of states, need and payment amounts vary depending on factors such as region, season (summer or winter), and what components are included in the standard (e.g., allowance). In all such cases, the region with the highest concentration of recipients and/or the highest seasonal rate is displayed. Detailed notes by state (where applicable) appear below.

CT - REGION B
KS - METROPOLITAN AREAS
LA - URBAN AREAS
MA - RENTAL ALLOWANCE INCLUDED
MI - ANNUALIZED SUMMER/WINTER AVERAGE
NY - NEW YORK CITY REGION
PA - PHILADELPHIA REGION
VT - CHITTENDEN COUNTY
VA - GROUP 2
WI - AREA 1

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 2

*FAMILIES WITH UNEMPLOYED PARENTS**

	AFDC-UP Families		
State	*AFDC Cash & Medicaid*	*Medicaid-Only*	*Does Not Cover*
Alabama			X
Alaska			X
Arizona			X
Arkansas			X
California	X		
Colorado			X
Connecticut	X		
Delaware	X		
District of Columbia	X		
Florida		X	
Georgia		X	
Hawaii	X		
Idaho			X
Illinois	X		
Indiana			X
Iowa	X		
Kansas	X		
Kentucky		X	
Louisiana		X	
Maine	X		
Maryland	X		
Massachusetts	X(19)	X(21)	
Michigan	X		
Minnesota	X		
Mississippi			X
Missouri	X		
Montana	X		
Nebraska	X		
Nevada			X
New Hampshire			X
New Jersey	X		
New Mexico			X
New York	X		
North Carolina	X		
North Dakota			X
Ohio	X		
Oklahoma		X	
Oregon	X		
Pennsylvania	X		
Rhode Island	X		
South Carolina	X		
South Dakota			X
Tennessee			X
Texas			X
Utah	X**		
Vermont	X		
Virginia			X
Washington	X		
West Virginia	X		
Wisconsin	X		
Wyoming			X
TOTAL	29	6	17

* The Family Support Act makes this option mandatory as of October 1, 1990.

** Limited coverage under 1115 demonstration project.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 3

AFDC-RELATED CHILDREN COVERAGE

State	*RIBICOFF CHILDREN**						
	*All Under Age **	*Reasonable Classification*					
		Foster Homes/ Private Inst.	Adoptions	ICFs	ICFs/MR	Psych. Facil.	Other Defined Groups
Alabama		18	18	18	18	18	
Alaska	21						
Arizona	18						
Arkansas	18	21	18	18	18	21	
California	21						
Colorado		21	21	21	21	21	
Connecticut	21						
Delaware		21	21	21	21	21	
District of Columbia	21						
Florida	18	21	18				21
Georgia		18	18	18	18		
Hawaii		19	21	19	19	19	
Idaho		21	21	21	21	N/C	18
Illinois	18	21	21	21	21	N/C	
Indiana	....					21	21
Iowa	21						
Kansas	18	21	21	21	21	21	
Kentucky		19	19	19	19	19	
Louisiana		18	18	18	18	18	
Maine	21						
Maryland	21						
Massachusetts	21						
Michigan	21						
Minnesota	21						
Mississippi	18						
Missouri		21	21	21	21	21	
Montana		21	21	21			
Nebraska	21						
Nevada		19	19	19	19	N/C	
New Hampshire		19	19				18
New Jersey	21						
New Mexico		18	18	21	21		
New York	21						
North Carolina	21	21	18	21	21	21	
North Dakota	21						
Ohio	21						
Oklahoma	21						
Oregon		18	18	21	21	21	
Pennsylvania	21	19	19	21	21	21	
Rhode Island		18		21	21	21	
South Carolina	18	21	21	21	21	21	
South Dakota		21	21	21	21		21
Tennessee	21						
Texas	19						
Utah	18						
Vermont	21						
Virginia		21	21	21	21	N/C	
Washington		21	21	21	21	21	18
West Virginia		18	18	18	18	18	
Wisconsin	18	18	18	18	18	21	
Wyoming		19	19				

Key: N/C = Service not covered in the state

NOTES:

* Ribicoff children meet the AFDC financial criteria, but not the " dependent" criteria, i.e.; deprived of the support of a parent. Most come from two-parent households; some are in other living arrangements.

** All Ribicoff children are covered up to the specified age, unless otherwise indicated in the adjacent columns.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 4

FAMILIES WITH DEPENDENT CHILDREN: SELECTED OPTIONAL MEDICAID ELIGIBILITY GROUPS

State	Eligible For But Not Receiving AFDC	Would Be Eligible If Not In An Institution	Would Be Eligible If Child Care Costs Were Paid From Earnings
Alabama	No	Yes	No
Alaska	Yes	Yes	No
Arizona	Yes	Yes	No
Arkansas	Yes	Yes	No
California	No	No	No
Colorado	Yes	No	Yes
Connecticut	Yes	Yes	Yes
Delaware	No	Yes	No
District of Columbia	Yes	Yes	Yes
Florida	No	Yes	No
Georgia	No	Yes	No
Hawaii	Yes	Yes	Yes
Idaho	Yes	Yes	No
Illinois	No	No	No
Indiana	No	No	No
Iowa	Yes	Yes	No
Kansas	No	No	No
Kentucky	No	No	No
Louisiana	No	Yes	No
Maine	Yes	Yes	No
Maryland	Yes	Yes	No
Massachusetts	Yes	Yes	No
Michigan	No	No	No
Minnesota	Yes	Yes	No
Mississippi	No	Yes	No
Missouri	No	No	No
Montana	Yes	Yes	Yes
Nebraska	No	No	No
Nevada	No	Yes	No
New Hampshire	Yes	Yes	No
New Jersey	Yes	Yes	No
New Mexico	No	Yes	No
New York	Yes	Yes	Yes
North Carolina	Yes	No	No
North Dakota	No	No	No
Ohio	No	Yes	Yes
Oklahoma	Yes	Yes	Yes
Oregon	Yes	Yes	No
Pennsylvania	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes
South Carolina	No	Yes	No
South Dakota	No	Yes	No
Tennessee	Yes	Yes	No
Texas	No	Yes	No
Utah	Yes	Yes	Yes
Vermont	Yes	Yes	Yes
Virginia	Yes	Yes	No
Washington	Yes	Yes	No
West Virginia	Yes	No	No
Wisconsin	Yes	Yes	Yes
Wyoming	No	Yes	No
TOTALS:			
Yes	28	39	12
No	23	12	39

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 5

COVERAGE OPTIONS FOR PREGNANT WOMEN AND CHILDREN, AS OF SEPTEMBER 1989

	PREGNANT WOMEN AND INFANTS PERCENT POVERTY	OLDER CHILDREN COVERED UNDER POVERTY TO AGE 6*	DROPPED ASSETS TEST	CONTINUOUS ELIGIBILITY	PRESUMPTIVE ELIGIBILITY	ORIGINAL EFFECTIVE DATE
Alabama	100		X	X	X	7/88
Alaska	100	3	X	X		1/89
Arizona	100	6	X	X		1/88
Arkansas	100	6	X	X	X	4/87
California	185					7/89
Colorado	75				X**	7/89
Connecticut	185		X	X		4/88
Delaware	100	3	X	X		1/88
DC	100	3	X	X		4/87
Florida	150	6	X	X	X	10/87
Georgia	100	3	X	X		1/89
Hawaii	185**	5	X	X	X	1/89
Idaho	75		X	X	X	1/89
Illinois	100			X	X	7/88
Indiana	100	3	X	X	X	7/88
Iowa	185	6		X	X	1/89
Kansas	150	5	X			7/88
Kentucky	125	2		X		10/87
Louisiana	100	6	X	X	X	1/89
Maine	185	6	X		X	10/88
Maryland	185	2	X	X	X	7/87
Massachusetts	185	5	X	X	X	7/87
Michigan	185	3	X	X		1/88
Minnesota	185	6	X	X		7/88
Mississippi	185	5	X	X		10/87
Missouri	100	3		X		1/88
Montana	100		X			7/89
Nebraska	100	3	X	X	X	7/88
Nevada	75	6	X			7/89
New Hampshire	75		X			7/89
New Jersey	100	2	X	X	X	7/87
New Mexico	100	3	X	X	X	1/88
New York	185		X	X	X	1/90**
North Carolina	100	6	X	X	X	10/87
North Dakota	75					7/89
Ohio	100		X	X		1/89
Oklahoma	100	2	X	X		1/88
Oregon	85	3	X	X		11/87
Pennsylvania	100	3	X		X	4/88
Rhode Island	185	6	X	X		4/87
South Carolina	185	6	X	X		10/87
South Dakota	100	2	X	X		7/88
Tennessee	100	5	X	X	X	7/87
Texas	130	4		X	X	9/88
Utah	100		X	X	X	1/89
Vermont	185	6	X	X		10/87
Virginia	100	2	X	X		7/88
Washington	185	6	X	X		7/87
West Virginia	150	6	X	X		7/87
Wisconsin	82				X	4/88
Wyoming	100		X	X		10/88
TOTAL	46***	37	42	41	23	

* This column does not include children's coverage groups supported by state only funds. Effective April 1, 1990 coverage is mandatory for children up to age 8 in families with income up to 133% of poverty.

** Future implementation date.

*** Forty-six states exceed minimum mandated coverage of 75% of poverty. Wisconsin covers pregnant women up to 130% of poverty but receives federal match up to 82%. Effective April 1, 1990 all states must cover pregnant women and infants up to 133% of poverty.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, September 1989

TABLE 6

SSI INCOME THRESHOLDS AND SUPPLEMENTS

State	*INDIVIDUALS* (Living independently in the community) SSI Base	State Supplement Payment	Total Cash Payment	*COUPLES* (Living independently in the community) SSI Base	State Supplement Payment	Total Cash Payment	*Other Supp Programs (other indp living)*
Alabama	368	0	368	553	0	553	N
Alaska	368	317	685	553	462	1015	Y
Arizona	368	0	368	552	0	552	N
Arkansas	368	0	368	553	0	553	N
California	368	234	602	553	563	1116	Y
Colorado	368	58	426	553	284	837	Y
Connecticut	368	170	538	553	312	865	N
Delaware	368	0	368	553	0	553	Y
District of Columbia	368	0	368	553	0	553	N/R
Florida	368	0	368	553	0	553	N
Georgia	368	0	368	553	0	553	N
Hawaii	368	4.9	372.9	553	8.8	561.8	Y
Idaho	368	73	441	553	45	598	Y
Illinois	368		368	553		553	Y
Indiana	368	0	368	553	0	553	Y
Iowa	368	0	368	553	0	553	Y
Kansas	368	0	368	553	0	553	N
Kentucky	368	0	368	553	0	553	Y
Louisiana	368	0	368	553	0	553	N
Maine	368	10	378	553	15	568	Y
Maryland	368	0	368	553	0	553	N
Massachusetts	368	128.82	496.82	553	201.72	754.72	N/R
Michigan	368	30.2	398.2	553	45.3	598.3	Y
Minnesota	368	46	414	553	41	594	Y
Mississippi	368	0	368	553	0	553	N
Missouri	368	0	368	553	0	553	Y
Montana	368	0	368	553	0	553	Y
Nebraska	368	62.5	430.5	553	91.5	644.5	Y
Nevada	368	36.4	404.4	553	74.46	627.46	Y
New Hampshire	368	14	382	553	1	554	Y
New Jersey	368	31.25	399.25	553	25.36	578.36	Y
New Mexico	368	0	368	553	0	553	N
New York	368	86	454	553	102.5	655.5	Y
North Carolina	368	0	368	553	0	553	N
North Dakota	368	0	368	553	0	553	N
Ohio	368	0	368	553	0	553	Y
Oklahoma	368	64	432	553	128	681	N
Oregon	368	1.7	369.7	553	0	553	Y
Pennsylvania	368	32.4	400.4	553	48.7	601.7	Y
Rhode Island	368	61.45	429.45	553	115.1	668.1	Y
South Carolina	368	0	368	553	0	553	Y
South Dakota	368	15	383	553	15	568	Y
Tennessee	368	0	368	553	0	553	N
Texas	368	0	368	553	0	553	N
Utah	368	6	374	553	12	565	N
Vermont	368	61.9	429.9	553	112.6	665.6	Y
Virginia	368	0	368	553	0	553	Y
Washington	368	28	396	553	22	575	N
West Virginia	368	0	368	553	0	553	N
Wisconsin	368	102.72	470.72	553	165.86	718.86	Y
Wyoming	368	20	388	553	40	593	N

Key: N/R = NO RESPONSE

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

States with Disability Definitions, Income, and Resource Standards Which Vary from Supplemental Security Income Program Standards (209(b) States)

	DISABILITY DEFINITION	*INCOME RULES AND DISREGARDS*	*RESOURCES*
CT	Coverage not provided to disabled individuals under age 18. Blind are covered regardless of age.	UNEARNED INCOME: $202.20 if residing in the community. EARNED INCOME: AGED/DISABLED: $65 + 1/2 of the remainder. BLIND: first $85, and half the excess over $85.	$1,600
HI	More restrictive than SSI.	ALL GROUPS: (1) deduct $20, first from unearned income and any remainder from earned income. (2) from earned income, $65 plus 1/2 of remainder of earned income.	Same as SSI.
IL	Same as SSI.	AGED/DISABLED: first $25 of any income. Next $20 of earnings plus half of next $60 earned income. BLIND: first $25 of any income. Next $85 of earnings plus half of remaining balance of earnings.	Same as SSI.
IN	Impairment must appear reasonably certain to continue throughout a lifetime without significant improvement, and must impair ability to perform labor/services.	ALL GROUPS: first $15.50 of any income. BLIND: first $15.50 of any income. First $85 of earnings plus half of the remaining earnings if blind before 12/73. First $65 plus half remaining income if after 1/74.	Limits placed on resources of parents of unmarried blind or disabled applicants or recipients.
MN	Same as SSI.	Same as SSI, except Aged/Disabled: Income Taxes and FICA payments withheld are disregarded up to FFP limit. Parental income is deemed available to children < 21 who reside with parents.	$1,500 - Individual, $3,000 - Couple Aged/Blind/Disabled: household goods and personal effects are excluded.
MO	State does not cover blind and disabled children under age 18.		AGED/DISABLED: Individuals: cash/securities < $1000. Couples: cash/securities < $2000. No property worth > $31,000; no real property not lived in with equity > $1,000 if single, > $2000 if married. BLIND: Individuals: cash/securities < $2000. Couples: cash/securities < $4000.
NE	Same as SSI.	AGED/DISABLED: Unearned - $7.50. Earned - $65 plus half of the remainder. BLIND: Unearned - $7.50. Earned - $85 plus half the remainder.	
NH	Disability must be permanent, with no improvement likely throughout the lifetime. Also, state has more restrictive definition of blindness.	Aged/Disabled: Unearned - $13. Earned - $20 plus half of the next $60 up to $30 (50 total). Blind unearned - $13, Earned - $85 plus 1/2 of remainder. All Groups: Work expenses - $18 standard or actual mandatory expenses, whichever is higher. Parental income and resources deemed available to disabled children < 18 who reside with parents.	Categorically Needy: Individuals--$1500 Couples--$1500. Medically Needy: Individuals--$2500. Couples--$4000.
NC		ALL GROUPS: $4 general disregard. First $20 and half the remaining earnings, not to exceed a total of $50 disregarded. Financial responsibility: spouse to spouse if living together. Parent to dependent unless blind, disabled child under 18 anticipated stay in SNF, ICF/MR, or hospital for 12 months.	Aged/Blind/Disabled: $1500, $2,250
ND	Same as SSI.		State sets more restrictive resource limits.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 7

States with Disability Definitions, Income, and Resource Standards Which Vary from Supplemental Security Income Program Standards (209(b) States)

	DISABILITY DEFINITION	*INCOME DISREGARD*	*RESOURCES*
OH	Same as SSI.	Earned or Unearned disregard: $20. $65 plus one-half of the remaining income. Work expenses of the blind: ordinary and necessary; work expenses may be deducted from the earned income.	Exempt: reasonable value of household goods and personal effects. Motor vehicle used for employment or medical appointments; or specially equipped; or value > $4500. Life insurance policy < or = $1500. Real and personal income-producing property <$6000 or > 6% annual return. Burial contracts exempt if irrevocable. Home is exempt only if it is principle residence. Countable: Total value of liquid assets.
OK		Maximum monthly countable income (all groups): Individual: $265; Couple: $397. No income other than SSI - $79, other income $59.	Countable: Total value of $6000 limit on prepaid burial contract if irrevocable.
VA	Presumptive disabled or blind SSI recipients are not covered. Conditionally eligible SSI recipients are not covered.		

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 8

INCOME THRESHOLDS FOR INSTITUTIONALIZED INDIVIDUALS

State	Program Standard Used*	Institutionalized Individual Income Threshold	Percentage of SSI Income Threshold
Alabama	SSI	$950	258
Alaska	SSI	$1,104	300
Arizona	SSI	$1,104	300
Arkansas	SSI	$1,104	300
California	MNIL**	$600	163
Colorado	SSP	$1,104	300
Connecticut	SSI	$1,104	300
Delaware	SSI	$662	180
District of Columbia	N/R	$391	106
Florida	SSI	$1,104	300
Georgia	SSI	$1,104	300
Hawaii	MNIL**	$357	97
Idaho	SSI	$1,104	300
Illinois	SSI	$368	100
Indiana	SSI	$368	100
Iowa	SSI	$1,104	300
Kansas	MNIL**	$368	100
Kentucky	SSI	$1,104	300
Louisiana	SSI	$1,104	300
Maine	SSI	$368	100
Maryland	MNIL**	$375	102
Massachusetts	MNIL**	$483	131
Michigan	MNIL**	$391	106
Minnesota	MNIL**	$466	127
Mississippi	SSI	$1,104	300
Missouri	SSI	$368	100
Montana	SSI	$368	100
Nebraska	N/R		
Nevada	SSI	$736	200
New Hampshire	SSP	$931	253
New Jersey	SSI	$1,104	300
New Mexico		$944	257
New York	MNIL**	$459	125
North Carolina	MNIL**	$242	66
North Dakota	MNIL**	$345	94
Ohio	SSI	$1,104	300
Oklahoma	SSI	$1,104	300
Oregon	SSI	$1,104	300
Pennsylvania	N/R		
Rhode Island	SSI	$1,104	300
South Carolina	SSI	$1,104	300
South Dakota	SSI	$1,104	300
Tennessee	SSI	$1,104	300
Texas	SSI	$1,104	300
Utah	SSI	$1,104	300
Vermont	SSI	$1,104	300
Virginia	SSI	$368	100
Washington	SSI	$1,104	300
West Virginia	SSI	$1,104	300
Wisconsin	SSI	$1,104	300
Wyoming	SSI	$1,104	300

Key: N/R = No Response

* This column provides the methodology for calculating the income threshold shown in the next column.

** In these states, there is no income threshold, medical need is calculated for each individual.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 9

HOME CARE FOR THE DISABLED AND OTHER ELIGIBILITY OPTIONS

	HOME CARE FOR THE DISABLED		OTHER ELIGIBILITY OPTIONS	
	Disabled Child. < 18 (TEFRA opt., Sec. 1902(e)(3))	*Ventilator-depen. opt. (Section 1902(e)(9))*	*Poverty-related Aged/Disabled (OBRA 86 opt.)*	*Community Spouse Resource Allowance Minimum (MCCA 88)*
AL	No	No	No	$12,000
AK	No	No	No	$60,000
AZ	No	Yes	No	$12,000
AR	Yes	Yes	No	$12,000
CA	No	No	No	$60,000
CO	No	No	No	$60,000
CT	No	No	No	$12,000
DE	Yes	No	No	$12,000
DC	No	No	N/R	N/R
FL	No	No	100%	$60,000
GA	Yes	No	No	$60,000
HI	Yes	No	100%	$60,000
ID	Yes	No	No	$12,000
IL	No	No	No	$60,000
IN	No	No	No	$12,000
IA	No	No	No	$12,000
KS	No	No	No	$12,500
KY	No	No	No	$60,000
LA	No	No	No	$12,000
ME	Yes	Yes	100%	$12,000
MD	No	No	No	$12,000
MA	Yes	No	N/R	N/R
MI	Yes	Yes	85%	$12,000
MN	Yes	No	No	$12,000
MS	Yes	No	85%	$60,000
MO	No	No	No	$12,000
MT	No	No	No	$12,000*
NE	Yes	No	No	$12,000
NV	Yes	No	No	$12,000
NH	Yes	No	No	$12,000
NJ	No	No	100%	$12,000
NM	No	No	No	$30,000
NY	No	No	No	$60,000
NC	No	No	No	$12,000
ND	No	No	No	$60,000
OH	No	No	No	$12,000
OK	No	No	No	$25,000
OR	No	No	No	$12,000
PA	No	No	No	$12,000
RI	Yes	No	No	$60,000
SC	No	No	No	$60,000
SD	Yes	No	No	$20,000
TN	No	No	No	$12,000
TX	No	No	No	$12,000
UT	No	No	No	$12,000
VT	Yes	No	No	$60,000
VA	No	No	No	$12,000
WA	No	Yes	No	$60,000
WV	Yes	No	No	$12,000
WI	Yes	Yes	No	$60,000
WY	No	No	No	$12,000
TOTAL:	**18**	**6**	**6**	

Key: N/R = No response

* To be implemented January 1990 , ** To be implemented October 1, 1989

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 10

QUALIFIED MEDICARE BENEFICIARIES (QMBs)*

State	% of Poverty 1989	% of Poverty 1990	% of Poverty 1991	% of Poverty 1992
Alabama	85	90	95	100
Alaska	100	100	100	100
Arizona	85	90	95	100
Arkansas	85	90	95	100
California	85	90	95	100
Colorado	85	90	95	100
Connecticut	85	90	95	100
Delaware	85	100	100	100
District of Columbia	100	100	100	100
Florida	100	100	100	100
Georgia	85	90	95	100
Hawaii	100	100	100	100
Idaho	85	90	95	100
Illinois**	80	85	90	95
Indiana**	80	85	90	95
Iowa	85	90	95	100
Kansas	85	90	95	100
Kentucky	85	90	95	100
Louisiana	85	90	95	100
Maine	85	90	95	100
Maryland	85	90	95	100
Massachusetts	100	100	100	100
Michigan	85	90	95	100
Minnesota	85	90	95	100
Mississippi	85	90	95	100
Missouri	85	90	95	100
Montana	85	90	95	100
Nebraska	85	90	95	100
Nevada	100	100	100	100
New Hampshire	85	90	95	100
New Jersey	100	100	100	100
New Mexico	85	90	95	100
New York	100	100	100	100
North Carolina**	80	85	90	95
North Dakota**	85	90	95	100
Ohio**	80	85	90	95
Oklahoma	90	90	95	100
Oregon	85	90	95	100
Pennsylvania	100	100	100	100
Rhode Island	85	90	95	100
South Carolina	100	100	100	100
South Dakota	85	90	95	100
Tennessee	85	90	95	100
Texas	85	90	95	100
Utah	100	100	100	100
Vermont	86	91	96	100
Virginia	85	90	95	100
Washington	85	90	95	100
West Virginia	85	90	95	100
Wisconsin	100	100	100	100
Wyoming	85	90	95	100

* The Medicare Catastrophic Coverage Act 1988 mandated 1/89, 85%; 1/90, 90%; 1/91, 95%; and 1/92, 100%.

** MCCA 88 also allowed a more gradual phase-in for states that as of January 1987 used more restrictive income standards for persons over 65, than those used by the SSI program.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, SEPTEMBER 1989

TABLE 11

MEDICALLY NEEDY PROGRAMS AND OPTIONAL COVERAGE GROUPS

STATE	PRESENCE OF MEDICALLY NEEDY PROGRAM*	AGE LIMIT FOR MEDICALLY NEEDY CHILDREN 18 TO 21	CARE-TAKER REL.	AGED	BLIND	DIS-ABLED
Alabama	No	N/A	N/A	N/A	N/A	N/A
Alaska	No	N/A	N/A	N/A	N/A	N/A
Arizona	No	N/A	N/A	N/A	N/A	N/A
Arkansas	Yes	21	Yes	Yes	Yes	Yes
California	Yes	21	Yes	Yes	Yes	Yes
Colorado	No	N/A	N/A	N/A	N/A	N/A
Connecticut	Yes	21	Yes	Yes	Yes	Yes
Delaware	No	N/A	N/A	N/A	N/A	N/A
District of Columbia	Yes	21	Yes	Yes	Yes	Yes
Florida	Yes	21	Yes	Yes	Yes	Yes
Georgia	Yes	18	No	No	No	No
Hawaii	Yes	19	No	Yes	Yes	Yes
Idaho	No	N/A	N/A	N/A	N/A	N/A
Illinois	Yes	19	Yes	Yes	Yes	Yes
Indiana	No	N/A	N/A	N/A	N/A	N/A
Iowa	Yes	21	Yes	Yes	Yes	Yes
Kansas	Yes	21	Yes	Yes	Yes	Yes
Kentucky	Yes	19	Yes	Yes	Yes	Yes
Louisiana	Yes	18	Yes	Yes	Yes	Yes
Maine	Yes	21	Yes	Yes	Yes	Yes
Maryland	Yes	21	Yes	Yes	Yes	Yes
Massachusetts	Yes	21	Yes	Yes	Yes	Yes
Michigan	Yes	21	Yes	Yes	Yes	Yes
Minnesota	Yes	21	Yes	Yes	Yes	Yes
Mississippi	No	N/A	N/A	N/A	N/A	N/A
Missouri	No	N/A	N/A	N/A	N/A	N/A
Montana	Yes	21	Yes	Yes	Yes	Yes
Nebraska	Yes	21	Yes	Yes	Yes	Yes
Nevada	No	N/A	N/A	N/A	N/A	N/A
New Hampshire	Yes	19	Yes	Yes	Yes	Yes
New Jersey	Yes	21	No	Yes	Yes	Yes
New Mexico	No	N/A	N/A	N/A	N/A	N/A
New York	Yes	21	Yes	Yes	Yes	Yes
North Carolina	Yes	21	Yes	Yes	Yes	Yes
North Dakota	Yes	21	Yes	Yes	Yes	Yes
Ohio	No	N/A	N/A	N/A	N/A	N/A
Oklahoma	Yes	21	Yes	Yes	Yes	Yes
Oregon	Yes	18	Yes	Yes	Yes	Yes
Pennsylvania	Yes	21	Yes	Yes	Yes	Yes
Rhode Island	Yes	18	Yes	Yes	Yes	Yes
South Carolina	No**	N/A	N/A	N/A	N/A	N/A
South Dakota	No	N/A	N/A	N/A	N/A	N/A
Tennessee	Yes	21	Yes	Yes	Yes	Yes
Texas	Yes	18	Yes	No	No	No
Utah	Yes	18	Yes	Yes	Yes	Yes
Vermont	Yes	21	Yes	Yes	Yes	Yes
Virginia	Yes	21	No	Yes	Yes	Yes
Washington	Yes	21	Yes	Yes	Yes	Yes
West Virginia	Yes	19	Yes	Yes	Yes	Yes
Wisconsin	Yes	21	No	Yes	Yes	Yes
Wyoming	No	N/A	N/A	N/A	N/A	N/A
TOTALS	36	36	32	34	34	34

Key: N/A = Not applicable, no Medically Needy Program

* Pregnant women are required in Medically Needy programs.

** Planned implementation, March 1990.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, September 1989

TABLE 12

MEDICALLY NEEDY MONTHLY PROTECTED INCOME LEVELS
FAMILY SIZE ONE THROUGH FOUR - SEPTEMBER 1989

	FAMILY OF ONE	FAMILY OF TWO	FAMILY OF THREE	FAMILY OF FOUR
Alabama	N/A	N/A	N/A	N/A
Alaska	N/A	N/A	N/A	N/A
Arizona	N/A	N/A	N/A	N/A
Arkansas	$108	$217	$275	$333
California	600	750	934	1110
Colorado	N/A	N/A	N/A	N/A
Connecticut	452	601	738	867
Delaware	N/A	N/A	N/A	N/A
DC	391	412	524	640
Florida	300	300	383	458
Georgia	208	308	367	433
Hawaii	357	480	602	725
Idaho	N/A	N/A	N/A	N/A
Illinois	267	333	458	517
Indiana	N/A	N/A	N/A	N/A
Iowa	466	466	550	633
Kansas	368	475	480	506
Kentucky	217	267	308	383
Louisiana	100	192	258	317
Maine	400	441	591	741
Maryland	375	417	459	500
Massachusetts	483	650	775	891
Michigan	391	525	555	585
Minnesota	466	582	709	828
Mississippi	N/A	N/A	N/A	N/A
Missouri	N/A	N/A	N/A	N/A
Montana	368	383	408	433
Nebraska	392	392	492	584
Nevada	N/A	N/A	N/A	N/A
New Hampshire	382	554	575	597
New Jersey	350	433	566	658
New Mexico	N/A	N/A	N/A	N/A
New York	459	659	709	850
North Carolina	242	308	358	392
North Dakota	345	400	435	530
Ohio	N/A	N/A	N/A	N/A
Oklahoma	275	341	433	541
Oregon	385	491	575	701
Pennsylvania	408	425	450	542
Rhode Island	550	592	725	833
South Carolina	N/A	N/A	N/A	N/A
South Dakota	N/A	N/A	N/A	N/A
Tennessee	175	192	250	300
Texas	100	211	267	301
Utah	337	413	516	602
Vermont	733	733	875	975
Virginia	250	308	358	400
Washington	396	532	599	667
West Virginia	200	275	290	312
Wisconsin	471	592	689	823
Wyoming	N/A	N/A	N/A	N/A

Key: N/A = Not applicable - state has no Medically Needy program.

SEE NOTES ON NEXT PAGE.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, September 1989

TABLE 12

MEDICALLY NEEDY MONTHLY PROTECTED INCOME LEVELS
FAMILY SIZE ONE THROUGH FOUR - SEPTEMBER 1989

NOTES:

In a number of states, need and payment amounts vary depending on factors such as region, season (summer or winter) and what components are included in the standard (e.g., rental allowance). In all such cases, the region with the highest concentration of recipients and/or the highest seasonal rate is displayed. Detailed notes by state (where applicable) appear below.

CT - REGION B
KS - METROPOLITAN AREAS
LA - URBAN AREAS
MA - RENTAL ALLOWANCE INCLUDED
MI - ANNUALIZED SUMMER/WINTER AVERAGE
NY - NEW YORK CITY REGION
PA - PHILADELPHIA REGION
VT - CHITTENDEN COUNTY
VA - GROUP 2
WI - AREA 1

SOURCE: NATIONAL GOVERNORS' ASSOCIATION, September 1989

TABLE 13

MONTHLY INCOME ELIGIBILITY THRESHOLDS AND THEIR PERCENTAGE OF POVERTY - September 1989
(Families of Two)

State	AFDC		PREGNANT WOMEN		SSI		QMB		MEDICALLY NEEDY	
	INCOME	PERCENT	INCOME	PERCENT	INCOME*	PERCENT	INCOME	PERCENT	INCOME	PERCENT
AL	$88	13%	$668	100%	$553	83%	$568	85%	NA	NA
AK	$719	86%	$836	100%	$1,015	121%	$710	100%	NA	NA
AZ	$233	35%	$668	100%	$552	83%	$568	85%	NA	NA
AR	$162	24%	$668	100%	$553	83%	$568	85%	$217	32%
CA	$560	84%	$1,236	185%	$1,116	167%	$568	85%	$750	112%
CO	$331	50%	$501	75%	$837	125%	$568	85%	NA	NA
CT	$452	68%	$1,236	185%	$865	129%	$568	85%	$601	90%
DE	$247	37%	$668	100%	$553	83%	$568	85%	NA	NA
DC	$309	46%	$668	100%	$553	83%	$668	100%	$412	62%
FL	$220	33%	$1,003	150%	$553	83%	$668	100%	$300	45%
GA	$347	52%	$668	100%	$553	83%	$568	85%	$308	46%
HI	$480	62%	$1,421	185%	$562	73%	$768	100%	$480	62%
ID	$254	38%	$501	75%	$598	89%	$568	85%	NA	NA
IL	$250	37%	$668	100%	$553	83%	$535	80%	$333	50%
IN	$229	34%	$668	100%	$553	83%	$535	80%	NA	NA
IA	$347	52%	$1,236	185%	$553	83%	$568	85%	$466	70%
KS	$347	52%	$1,003	150%	$553	83%	$568	85%	$475	71%
KY	$460	69%	$835	125%	$553	83%	$568	85%	$267	40%
LA	$138	21%	$668	100%	$553	83%	$568	85%	$192	29%
ME	$470	70%	$1,236	185%	$568	85%	$568	85%	$441	66%
MD	$309	46%	$1,236	185%	$553	83%	$568	85%	$417	62%
MA	$486	73%	$1,236	185%	$755	113%	$668	100%	$650	97%
MI	$466	70%	$1,236	185%	$598	89%	$568	85%	$525	79%
MN	$437	65%	$1,236	185%	$594	89%	$568	85%	$582	87%
MS	$293	44%	$1,236	185%	$553	83%	$568	85%	NA	NA
MO	$232	35%	$668	100%	$553	83%	$568	85%	NA	NA
MT	$286	43%	$668	100%	$553	83%	$568	85%	$383	57%
NE	$293	44%	$668	100%	$645	97%	$568	85%	$392	59%
NV	$270	40%	$501	75%	$627	94%	$668	100%	NA	NA
NH	$442	66%	$501	75%	$554	83%	$568	85%	$554	83%
NJ	$322	48%	$668	100%	$578	86%	$668	100%	$433	65%
NM	$210	31%	$668	100%	$553	83%	$568	85%	NA	NA
NY	$439	66%	$1,236	185%	$656	98%	$668	100%	$659	99%
NC	$231	35%	$668	100%	$553	83%	$535	80%	$308	46%
ND	$313	47%	$501	75%	$553	83%	$568	85%	$400	60%
OH	$263	39%	$668	100%	$553	83%	$535	80%	NA	NA
OK	$364	54%	$668	100%	$681	102%	$602	90%	$341	51%
OR	$369	55%	$568	85%	$553	83%	$568	85%	$491	73%
PA	$315	47%	$668	100%	$602	90%	$668	100%	$425	64%
RI	$440	66%	$1,236	185%	$668	100%	$568	85%	$592	89%
SC	$335	50%	$1,236	185%	$553	83%	$668	100%	NA	NA
SD	$333	50%	$668	100%	$568	85%	$568	85%	NA	NA
TN	$297	44%	$668	100%	$553	83%	$568	85%	$192	29%
TX	$158	24%	$869	130%	$553	83%	$568	85%	$211	32%
UT	$414	62%	$668	100%	$565	85%	$668	100%	$413	62%
VT	$547	82%	$1,236	185%	$666	100%	$575	86%	$733	110%
VA	$231	35%	$668	100%	$553	83%	$568	85%	$308	46%
WA	$397	59%	$1,236	185%	$575	86%	$568	85%	$532	80%
WV	$201	30%	$1,003	150%	$553	83%	$568	85%	$275	41%
WI**	$440	66%	$548	82%	$719	108%	$668	100%	$592	89%
WY	$320	48%	$668	100%	$593	89%	$568	85%	NA	NA
AVERAGE	$335	50%	$848	126%	$610	91%	$593	88%	$435	65%

* Includes optional state supplement payments amounts.

** Wisconsin covers pregnant women up to 130%, but receives federal match only up to 82%.

SOURCE: National Governors' Association, September 1989.

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